

the number of each, in order of birth, stated. This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH			
County of <u>Gila</u>	BUREAU OF VITAL STATISTICS			State Index No. <u>153</u>	
District of <u>Michelmas</u>	ORIGINAL CERTIFICATE OF BIRTH			Co. Register No. <u>49</u>	
Town of <u>Michelmas</u>	Local Registrar's No. <u>1</u>				
or	(No. _____ St; _____ Ward)				
FULL NAME OF CHILD <u>Ricardo De Amado Jr</u>				Born	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.				Alive	<input checked="" type="checkbox"/>
Sex of Child <u>Male</u>	Twin, Triplet or other	and	Number in order of birth	Legitimate? <u>yo</u>	Date of Birth <u>Dec 31 1919</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Ricardo De Amado</u>	Residence <u>Superior, Arizona</u>		Full Maiden Name <u>Concepcion Pado</u>	Residence <u>Superior, Arizona</u>	
Color or Race <u>Mx</u>	Age at last Birthday <u>27</u> (Years)		Color or Race <u>Mx</u>	Age at last Birthday <u>28</u> (Years)	
Birthplace <u>Arizona</u>	Occupation <u>Miner-Laborer</u>		Birthplace <u>Arizona</u>	Occupation <u>Housewife</u>	
Number of child of this mother <u>2</u>	Number of children, of this mother, now living <u>2</u>	Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of above child; and that it occurred on Dec 31 1919 at 8:30 M.

{ *When there is no attending physician or midwife, then the householder should make this return.

Given or christian name added from a supplemental report191.....

(Signature) Leonard Blood MD
 (Attending physician, midwife, householder.*)
 Address Michelmas, Ariz
W. P. P. P.
 LOCAL REGISTRAR.
 A True Copy D. G. Fox
 COUNTY REGISTRAR.

Filed January 12 1920
 Filed Feb 7 1920
 COUNTY REGISTRAR.

946-1231-3911